Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address SANDRA GUALDALUPE SERNA 9637 Park Street Bellflower, CA 90706 Tel: (562) 315-6599	FILED  APR 2 © 2017  CLERK U.S. BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA Deputy Clerk  BY:  Deputy Clerk
Debtor(s) appearing without an attorney Attorney for Debtor(s)	
UNITED STATES B. CENTRAL DISTRICT OF CALIFOR	ANKRUPTCY COURT NIA - LOS ANGELES DIVISION
In re:	CASE NO.: 2:17-bk-10266-ER CHAPTER: 7
SANDRA GUADALUPE SERNA	DECLARATION BY DEBTOR(S) AS TO WHETHER INCOME WAS RECEIVED FROM AN EMPLOYER WITHIN 60 DAYS OF THE PETITION DATE
	[11 U.S.C. § 521(a)(1)(B)(iv)]
Debtor(s).	[No hearing required]
Debtor(s) provides the following declaration(s) as to whether Debtor(s) filing this bankruptcy case (Petition Date), as requ	or income was received from an employer within 60 days of the uired by 11 U.S.C. § 521(a)(1)(B)(iv):
Declaration of Debtor 1	
	alty of perjury that the following information is true and correct:
During the 60-day period before the Petition Da	te (Check only ONE box below):
I was paid by an employer. Attached are copenployment income I received from my employement or bank account is on a pay stub or of number(s) before filing this declaration.)	pies of all statements of earnings, pay stubs, or other proof of yer during this 60-day period. (If the Debtor's social security ther proof of income, the Debtor must cross out (redact) the
I was not paid by an employer because I wa	s either self-employed only, or not employed.

SANDRA GUADALUPE SERNA

Printed name of Debtor 1

Date: 04/24/2017

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Declar	ration	of Debtor 2 (Joint Debtor) (if applicable)
2. [	] lar	m Debtor 2 in this case, and I declare under penalty of perjury that the following information is true and correct
	Du	ring the 60-day period before the Petition Date ( <u>Check only ONE box below</u> ):
		I was paid by an employer. Attached are copies of all statements of earnings, pay stubs, or other proof of employment income I received from my employer during this 60 day period. (If the Debtor's social security number or bank account is on a pay stub or other proof of income, the Debtor must cross out (redact) the number(s) before filing this declaration.)
		I was not paid by an employer because I was either self-employed only, or not employed.
Date:		Printed name of Debtor 2 Signature of Debtor 2

ISSUE DATE: 02/27/17 Please contact your local IHSS county office for PAYMENT questions. ID# 1120672 SERNA ANTONIO Recipient ID# 002055944 Payee/Provider SERNA SANDRA G Timesheet # 4015943111 30 05 Service Period: 02/01/17 to 02/15/17 Process Date: 02/22/17 **YTD Deductions** Current Federal 20.16 70.10 \$ 10.50 Pay Rate: .00 .00 Addt Federal Hours Submitted H 028 M 20 State .00 . 00 Hours Not Paid H 000 M 00.00 Addt State .00 Total Hours Paid H 028 M 20 18.44 67.24 **FICA** 4.32 15.73 Medicare Travel Hours H 000 M 00 9.76 2.68 SDI/DIEC Overtime Hours H 000 M 00 . 00 . 00 **Share of Cost** Recovery . 00 .00 Current YTD Lien .00 . 00 297.50 1084.52 Regular \* Health .00 .00 Adjustment .00 . 00 Dues .00 43.60 .00 . 00 Travel Health Trust .00 . 00 .00 . 00 Overtime COPE/PEOPLE .00 .00 . 00 . 00 Initiation .00 .00 Other Insurance **Total Gross** 297.50 1084.52 **Total Deductions** 45.60 206.43 **Net Pay** 251.90 878.09

<sup>\*</sup> Includes Overtime Hours at regular rate.

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ISSUE DATE: 0	3/22/17	Please	contact your local IHSS	county office	for PAYMEI	NT questions
Recipient	SERNA ANT	DNIO			ID# 112	0672
Payee/Provider	SERNA SAN	DRA G			ID# 002	055944
Service Period: 0	3/01/17 to	03/15/17	Timesheet #	4017	115808	30 05
Process Date: 0	3/17/17		Deductions	Current		YTD
Pay Rate: \$	10.50		Federal	18.	76	136.95
Hours Submitted	H 027	M 00	Addt Federal		00	. 00
Hours Not Paid	H 000	M oo	State Addt State		00	. 00
Total Hours Paid	H 027	M 00	FICA	17.		118.67
Travel Hours	H 000	M 00	Medicare	4.	11	27.75
Overtime Hours	H 000	M 00	SDI/DIEC	2.	56	17.23
			Share of Cost	•	00	. 00
	Current	YTD	Recovery	•	00	. 00
Regular *	283. 50	1914. 02	Lien	•	00	. 00
			Health	•	00	. 00
Adjustment	. 00	. 00	Dues	•	00	59.50
Travel	. 00	. 00	Health Trust		00	. 00
Overtime	. 00	. 00	COPE/PEOPLE	•	00	. 00
			Initiation	•	00	. 00
			Other Insurance	•	00	. 00
Total Gross	283.50	1914.02				
Net Pay	240.49	1553.92	Total Deductions	43.	01	360.10

<sup>\*</sup> Includes Overtime Hours at regular rate.

ISSUE DATE: 04/06/17 Please contact your local IHSS county office for PAYMENT questions. ID# 1120672 SERNA ANTONIO Recipient ID# 002055944 Payee/Provider SERNA SANDRA G Timesheet # 4017646977 30 05 Service Period: 03/16/17 to 03/31/17 Process Date: 04/03/17 **Deductions** Current YTD Federal 30.66 167.61 Pay Rate: \$ 10.50 Addt Federal .00 .00 Hours Submitted H 038 M 20 State .00 .00 Hours Not Paid H 000 M 00 Addt State .00 .00 M 20 Total Hours Paid H 038 24.95 143.62 FICA 5.84 33.59 Medicare Travel Hours H 000 M 00 20.85 SDI/DIEC 3.62 Overtime Hours H 000 M 00 .00 .00 Share of Cost Recovery . 00 . 00 YTD Current Lien . 00 .00 402.50 2316.52 Regular \* Health .00 . 00 .00 .00 Adjustment 21.80 81.30 Dues . 00 | Health Trust .00 Travel .00 . 00 Overtime .00 .00 COPE/PEOPLE .00 .00 Initiation .00 .00 . 00 .00 Other Insurance **Total Gross** 402.50 2316.52 **Total Deductions** 86.87 446.97 **Net Pay** 315.63 1869.55

<sup>\*</sup> Includes Overtime Hours at regular rate.

ISSUE DATE: 04/21/17 Please contact your local IHSS county office for PAYMENT questions. Recipient SERNA ANTONIO ID# 1120672 Payee/Provider SERNA SANDRA G ID# 002055944 Service Period: 04/01/17 to 04/15/17 Timesheet # 4018363323 30 05 04/18/17 Process Date: **Deductions** Current YTD Federal Pay Rate: \$ 10.50 30.66 198.27 Addt Federal .00 . 00 Hours Submitted H 038 M 20 State . 00 .00 Hours Not Paid H 000 M 00 Addt State .00 . 00 Total Hours Paid H 038 M 20 **FICA** 24.96 168.58 Travel Hours 5.84 H 000 M 00 Medicare 39.43 SDI/DIEC 3.62 24.47 **Overtime Hours** H 000 M 00 **Share of Cost** .00 . 00 Recovery .00 . 00 Current YTD Lien .00 .00 Regular \* 402.50 2719.02 Health .00 . 00 .00 Adjustment .00 Dues .00 81.30 Travel . 00 .00 Health Trust .00 .00 .00 Overtime . 00 COPE/PEOPLE . 00 .00 Initiation . 00 .00 Other Insurance .00 .00 **Total Gross** 402.50 2719.02 **Net Pay Total Deductions** 65.08 512.05 337.42 2206.97

<sup>\*</sup> Includes Overtime Hours at regular rate.

PERSONAL AND CHECK INFORMATION SANDRA SERNA 9637 PARK ST. BELLFLOWER, CA 90706	Elximin de ocum	ent Page 7 DESCRIPTION	UI 9 HRS/ UNITS	RATE	CURRENT (\$)	YTD HRS/ UNITS	YTD (\$,
Soc Sec #: XXX-XX-XXXX Employee ID: 53040		HOURLY REGULAR	35.00	13.1300	459.55	67.00	879.71
Hire Date: 01/01/13 Status: TP Filing Status: Federal: Single, 0		HOURS WORKED ADJ EARNINGS GROSS EARNINGS	35.00 35.00		459.55 459.55	67.00 67.00	879.71 879.71
State: CA, Single, 0  Div/Br/Dept: 2/RESPIT/18	WITHHOLDINGS	DESCRIPTION			CURRENT (\$)		YTD (\$
Pay Period: 02/01/17 to 02/15/17 Check Date: 02/23/17		FEDERAL W/H OASDI MEDICARE STATE SDI CA			36.37 28.49 6.66 4.14		68.80 54.54 12.75 7.92
DESCRIPTION AVAILABLE USED CA SICK 16.967 0.000 HOURS NET PAY ALLOCATIONS		TOTAL			75.66		144.01
DESCRIPTION         CURRENT (\$)         YTD (\$)           CHECKING NET - 6808         383.89         735.7           Net Pay         383.89         735.7	Q						
	et constant of the constant of						<u> </u>

735.70

383.89

Payrolls by Paychex, Inc.

0483-C433 PREMIER HEALTHCARE SERVICES LL = 815 E COLORADO BLVD SUITE 400 = LOS ANGELES, CA 90041 =

NET PAY

PERSONAL AND CHECK 19F9RM10206-ER SANDRA SERNA 9637 PARK ST.	Faculty Filed Main Docume	0 <u>4/26/1</u> 7 <sub>/0N</sub> Ent ent Page 8 c	ereds0 of9wi⊤s	4/2 <u>6/1</u> 7	12:47:54
BELLFLOWER, CA 90706	· Y	HOURLY REGULAR	24.00	13.1300	315.12
Soc Sec #: XXX-XX-XXXX Employee ID: 53040					
Hire Date: 01/01/13		HOURS WORKED	24.00		
Status: TP	\$	ADJ EARNINGS			315.12
Filing Status:		GROSS EARNINGS	24.00		315.12
Federal: Single, 0	WITHIO DINGS	DESCRIPTION			CURRENT (\$)
State: CA, Single, 0	WITHHOLDINGS	DESCRIPTION			CONNEIVI (4)
Div/Br/Dept: 2/RESPIT/18		FEDERAL W/H			21.93
Day Daviad 02/04/47 to 02/45/47	\$ 1	OASDI			19.54
Pay Period: 03/01/17 to 03/15/17  Check Date: 03/23/17  Check #: Direct Deposit		MEDICARE			4.57
TIME OFF (Based On Policy Year)		STATE SDI CA			2.84
DESCRIPTION AVAILABLE USED	8 1 2 9	TOTAL			48.88
CA SICK 17.767 0.000 HOURS	i	. •			
NET PAY ALLOCATIONS					
DESCRIPTION CURRENT (\$) YTD (\$)	·				
CHECKING NET - 6808 266.24 1001.94	1				
Net Pay 266.24 1001.94					

NET PAY	266,24	1001.94
NET DAY	CURRENT (\$)	YTD (\$)

Perso,

UNITS

91.00

91.00

91.00

YTD (\$)

1194.83

1194.83 1194.83

YTD (\$)

90.73 74.08

17.32 10.76

192.89

Payrolls by Paychex, Inc.

0483-C433 PREMIER HEALTHCARE SERVICES LL ■ 815 E COLORADO BLVD SUITE 400 ■ LOS ANGELES, CA 90041 ■

Employers Name Monthly Income

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PERSONAL AND CHECK INFORMATION SANDRA SERNA 9637 PARK ST.	<b>EARNING</b> DOCUM	DESCRIPTION	HRS/ UNITS	RATE	CURRENT (\$)	YTD HRS/ UNITS	YTD (\$)
BELLFLOWER, CA 90706		HOURLY REGULAR	24.00	13.1300	315.12	115.00	1509.95
Soc Sec #: XXX-XX-XXXX Employee ID: 53040 Hire Date: 01/01/13 Status: TP		HOURS WORKED ADJ EARNINGS	24.00		315.12	115.00	1509.95
Filing Status: Federal: Single, 0	WITHHOLDINGS	DESCRIPTION	24.00		315.12 CURRENT (\$)	115.00	1509.95 YTD (\$
State: CA, Single, 0 Div/Br/Dept: 2/RESPIT/18	WITHHOLDINGS	FEDERAL W/H			21.93		112.66
Pay Period:         04/01/17 to 04/15/17           Check Date:         04/24/17         Check #: Direct Deposit           TIME OFF (Based On Policy Year)	_	OASDI MEDICARE STATE SDI CA			19.54 4.57 2.84		93.62 21.89 13.60
DESCRIPTION AVAILABLE USED CA SICK 18.567 0.000 HOURS	_	TOTAL			48.88		241.77
NET PAY ALLOCATIONS							
DESCRIPTION         CURRENT (\$)         YTD           CHECKING NET - 6808         266.24         1268.           Net Pay         266.24         1268.	<u>18</u>						
	W 100 - 100						
	NET DAY				CURRENT (\$)		YTD (\$

1268.18

266.24

Payrolls by Paychex, Inc.

0483-C433 PREMIER HEALTHCARE SERVICES LL = 815 E COLORADO BLVD SUITE 400 = LOS ANGELES, CA 90041 =

**NET PAY**